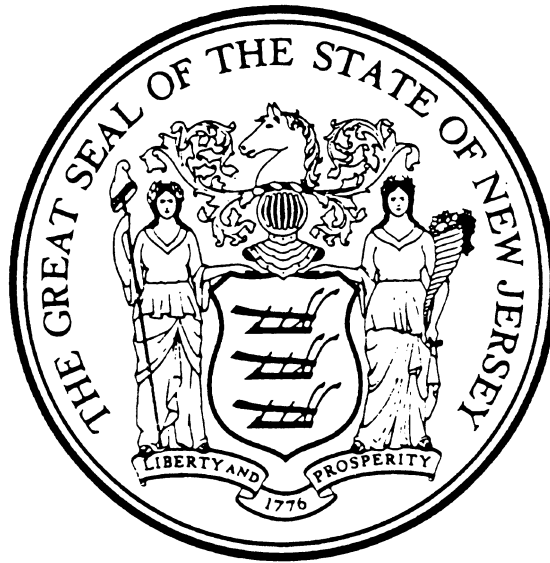


STATE OF NEW JERSEY
Division of Gaming Enforcement



PERSONAL HISTORY DISCLOSURE FORM 2 -

**Outside Directors of Holding and Intermediary Companies
of Casino Service Industry Enterprises**

Personal History Disclosure Form 2 –
Outside Directors of Holding and Intermediary Companies
of Casino Service Industry Enterprises

INSTRUCTIONS

I. COMPLETING THIS FORM:

A. You are to complete this application if you are:

1. An outside director of a holding company on the executive or audit committees;
or
2. Directed to do so by the Division of Gaming Enforcement (Division).

Note: Please be aware that the Division will not accept an application from or issue a license to any person who is not a citizen of the United States, or who does not possess a valid employment authorization issued by the United States Citizenship & Immigration Services (USCIS). Furthermore, the expiration date of a license issued by the Division to any person who is not a citizen of the United States, cannot exceed the expiration date of that person's USCIS employment authorization.

- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question.
- C. If you are a junket enterprise or representative filing for a casino service industry license, you must also file a form designating an agent for service of process, pursuant to *N.J.S.A. 5:12-102d*. The Designation of Agent for Service of Process form may be obtained by calling (609) 441-3015.
- D. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If the application is not legible, it will not be accepted.
- E. If you need additional space to answer any question(s), use the blank page provided on page 20 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Division office and establish their identity and employment authorization. Our offices are located at:

New Jersey Division of Gaming Enforcement
Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401

To establish your identity and employment authorization in accordance with *N.J.A.C. 13:69A-7.2A*, you must present the original document(s) listed below in A or B:

- A. A current and valid U.S. passport OR a Certificate of Naturalization OR a current identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes, and address.
- B. If the items in II (A) above are not available, two of the following authentic documents will be accepted:
 - 1. A certified copy of a U.S. birth certificate issued by a state, county or municipal authority with an official seal;
 - 2. A current and valid state-issued driver's license that has a photograph and/or identifying information;
 - 3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 - 4. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
 - 5. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
 - 6. An expired casino employee or casino key employee license, issued after 1998 or a valid casino service employee registration; or
 - 7. A current and valid foreign passport with a proper USCIS authorization.

Note: If the name on any of the provided identification is different than the name on your application, you must also provide a court-ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Call (609) 441-3015 if you have any questions about identification documents.

III. BEFORE YOU SUBMIT THIS FORM TO THE DIVISION, BE SURE THAT:

- A. You have established your identity and work authorization in accordance with Section II, above, and attached copies of these documents to this form.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and the Release Authorization forms are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial and date each page of this form in the spaces provided.
- F. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE DIVISION:

- A. Submit this form as an original and one photocopy of the form and attachments. The required application fee is \$350. Payment may be made by check, money order, credit or debit card (no cash). Make your check or money order payable to the CASINO CONTROL FUND. **Application fees are nonrefundable.**
- B. If the photocopy of this form is not clear, the application **will not be accepted**.
- C. Once the application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.
- D. After you file your application, you may be required to be fingerprinted. If the Division directs you to be fingerprinted, **you must be fingerprinted within 30 days after you file your application with the Division.** To be fingerprinted, you must make an appointment with the Division's Identification Unit, which is located in the Arcade Building, Tennessee Avenue and the Boardwalk, Atlantic City, New Jersey. Call for an appointment at (609) 441-3050. There is no charge for fingerprinting. **When you arrive for your fingerprinting appointment, you must present the identification documents listed in Section II to establish your identity or you will not be fingerprinted.** Failure to be fingerprinted shall be a basis for the denial of your casino employee license application.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.

- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of any change of address.
- C. Pursuant to Section 86b of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
- D. Pursuant to Sections 79a(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Division, is subject to warrantless searches when present in a licensed casino hotel facility.
- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Division and Commission or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80 of the Casino Control Act, an applicant or licensee waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. In accordance with Section 7 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. The request for your social security number is made pursuant to the Casino Control Act, N.J.S.A. 5:12-1, *et seq.* (specifically, N.J.S.A. 5:12-80 and -92). If provided, your social security number will be used by the Division to obtain and verify information for your license as a casino employee. The absence of a social security number on the application may delay the final determination of your application.
- G. Copies of this form and other Division forms are available on the Internet at <http://www.nj.gov/oag/ge/forms.html> or you may request that the form(s) be mailed to you by calling (609) 441-3015.

Personal History Disclosure Form 2 –
Outside Directors of Holding and Intermediary Companies of
Casino Service Industry Enterprises

OFFICIAL USE ONLY		
1. DGE _____	2. DGE _____	3. DGE _____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

NAME (Last, First, Middle Initial and Jr./Sr., if any) _____

DATE OF BIRTH (Month, Day, Year) _____

Height _____

Weight _____

SOCIAL SECURITY NUMBER (Voluntary¹) _____

Home Telephone Number with Area Code _____

Daytime OR Work Telephone Number with Extension and Area Code _____

Cell Number with Area Code _____

E-Mail Address _____

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code) _____

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code) _____

Have you been known by any other name(s)? ☐ Yes ☐ No

If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

PLEASE CHECK APPROPRIATE SPACE			
HAIR COLOR:	EYE COLOR:	SEX:	RACE: ²
<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (M) Male	<input type="checkbox"/> (C) Caucasian
<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (F) Female	<input type="checkbox"/> (B) Black
<input type="checkbox"/> (BD) Blond	<input type="checkbox"/> (HZ) Hazel		<input type="checkbox"/> (H) Hispanic
<input type="checkbox"/> (RD) Red	<input type="checkbox"/> (BL) Blue		<input type="checkbox"/> (A) Asian
<input type="checkbox"/> (GY) Gray	<input type="checkbox"/> (GY) Gray		<input type="checkbox"/> (N) Native American
<input type="checkbox"/> (WH) White	<input type="checkbox"/> (GR) Green		
<input type="checkbox"/> (BA) Bald			
<input type="checkbox"/> Other			

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is voluntary. See Section V, G., under Important Notices on Page 4 of this application.

² Your response is optional.

DO NOT WRITE ON THIS PAGE
THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

_____ United States Passport

Expiration Date _____

_____ Certificate of Naturalization

_____ USCIS Identification Card

Expiration Date _____

Specify Status _____

OR, any two of the following:

_____ Certified Birth Certificate

_____ Motor Vehicle Operator's License

Expiration Date _____

Jurisdiction _____

_____ U.S. Military Card

_____ Student Identification Card

_____ Government Identification Card

Specify _____

_____ Division or Commission License or Registration

Specify _____

_____ Foreign Passport

USCIS Expiration Date _____

Country _____

Comments: _____

Authorized by: _____

Date: _____

IMPORTANT

**FAILURE TO ANSWER ANY
QUESTION ON THIS FORM
COMPLETELY AND TRUTHFULLY
WILL RESULT IN THE DENIAL
OF YOUR LICENSE APPLICATION.**

**THE DIVISION WILL AFFIX
A PHOTOGRAPH HERE**

I am applying for an initial four-year license as an outside director on the audit or executive committees of a holding company.

1. Are you a citizen of the United States?

☐ Yes

☐ No

2. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form, labeled as Exhibit 2.

3. If you are not a citizen of the United States, please indicate:

a. The country of which you are a citizen: _____

b. Place of birth: _____

c. Port of entry into the United States: _____

d. Name and address of sponsor upon your arrival:

4. If you are not a United States citizen, but you are a legally-authorized permanent resident alien, or you are authorized to be employed in the United States, please provide your USCIS number in the space provided below, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as Exhibit 4.

USCIS "A" number: _____

Expiration Date: _____

RESIDENCE DATA

5. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the last five years:

DATES		ADDRESS (NUMBER, STREET, APT., CITY, STATE, ZIP CODE & COUNTRY)	TELEPHONE NUMBER
FROM (MONTH, YEAR)	TO (MONTH, YEAR)		

FAMILY DATA

6. Check your current marital status: ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced ☐ Civil Union Partner

A. Give the name of your present spouse: _____

B. List all former spouses: _____

MILITARY SERVICE DATA

7. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States?

☐ Yes ☐ No

8. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)?

If Yes, give details of the charge(s) and their disposition(s).

EMPLOYMENT AND LICENSING DATA

9. In the chart below, provide the information regarding your employment for the past five years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*), any gaming-related employment (such as casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.):

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
FROM (MONTH, YEAR)	TO (MONTH, YEAR)				

10. Have you ever applied in New Jersey or any other jurisdiction for a license, permit, registration, or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

☐ Yes ☐ No

If YES, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBERS

11. Have you ever had any license, permit, or certification denied, suspended or revoked by a governmental agency in New Jersey or anywhere else? (Do not include driver's license).

☐ Yes ☐ No

If YES, complete the following chart:

TYPE OF LICENSE, PERMIT, OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, and violation of probation or any other court order. Juvenile offenses that occurred within the most recent 10-year period are also included within the definition of "offenses."

INSTRUCTIONS:

- A. Answer "Yes" and provide all information to the best of your ability, EVEN IF:
 - 1. You did not commit the offense charged;
 - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
 - 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - 4. You were not convicted;
 - 5. You did not serve any time in prison or jail; or
 - 6. The charges or offenses happened a long time ago.
- B. Answer "No" IF:
 - 1. You have never been arrested or charged with any crime or offense;
 - 2. Any records relating to a charge, an arrest or conviction, have been expunged or otherwise officially sealed by a court or government agency; AND
 - 3. You attach a copy of the expungement or sealing order to this application labeled as Exhibit 12.

12. Have you ever been arrested or charged with any crime or offense in New Jersey or any other jurisdiction?

☐ Yes ☐ No

If YES, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

13. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, province, federal, national, etc.), other than in response to a traffic summons?

☐ Yes ☐ No

If YES, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

14.

- a) In the past 10 years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.)

☐ Yes ☐ No

- b) Have you ever had any financial liens or judgments filed against you? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.).

☐ Yes ☐ No

If YES to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

VEHICLE OPERATOR DATA

15. Do you possess a current motor vehicle operator license?

☐ Yes ☐ No

If YES, list all current motor vehicle operator licenses issued to you by the State of New Jersey or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

16. Within the past 10 years, have you held an ownership interest in any business(es)? (Do not include publicly-traded corporations in which you owned stock).

If YES, beginning with the most recent and working backwards, provide the following information with regard to all business(es) in which you have held an ownership interest:

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)
FROM (MONTH, YEAR)	TO (MONTH, YEAR)				

17. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? If YES, attach a copy of the bankruptcy petition and discharge, if granted.

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

18. In the past 20 years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly-traded corporation), or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

19. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like, during the past 10-year period?

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

20.

- a. Do you have any bank accounts or safe deposit boxes in your name?

☐ Yes ☐ No

- b. Do you have access to the funds in any other bank accounts or safe deposit boxes?

☐ Yes ☐ No

If YES to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNTS OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NUMBER OR SAFE DEPOSIT BOX NUMBER

21. Provide the names and other information requested of three references, over the age of 18, who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law, whether by whole or half-blood, by marriage, adoption, or natural relationship).

REFERENCE #1

Name _____

Address _____

Telephone Number _____

Business Address _____

Occupation _____

How long have you known the reference?

REFERENCE #2

Name _____

Address _____

Telephone Number _____

Business Address _____

Occupation _____

How long have you known the reference?

REFERENCE #3

Name _____

Address _____

Telephone Number _____

Business Address _____

Occupation _____

How long have you known the reference?

22. As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS.

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being duly sworn according to law, on my oath, deposes and says:
(Print Name)

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language, or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(Date)

(Signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____, 20__.

(Notary Public)

(State)

RELEASE AUTHORIZATION

TO: All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and other such Institutions and all Governmental Agencies – Federal, State and local, without exception, both foreign and domestic.

I, _____, have authorized the New Jersey Division of Gaming
(Print Name)

Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement, provided that he or she certifies to you that I have an application pending before the Division of Gaming Enforcement or the Casino Control Commission, or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

(Date)

(Signature of Applicant)

(Legal Signature)

Subscribed and sworn to before me

this _____ day of _____, 20__.

(Notary Public) _____ (State) _____